

Name in Full		Solaman Bayer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hoyes		County Garrett		MARYLAND	
	Date of death	1909	Month Aug	Day 3	Age 80	Years 10	Months 15
	Sex	Male		Color or Race	White		Birth-place Pa
	Occupation	Farmer			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband	Anna Bayer		
	Father's Name	Michael Bayer				Father's Birthplace	Pa
	Mother's Maiden Name	Mary Kingler				Mother's Birthplace	Pa
	Name of person giving information	Anna Bayer				How related to deceased	wife
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(66)</div>							
PHYSICIAN OR CORONER	Primary	Paralysis				How long	2 weeks
	Immediate	"				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	A. Mason MD
						Address	Friendsville Md.
	Accident or Suicide?						

accident cemetery



Name
in
Full

Mabel Virginia Crowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Smithsburg ^{Town} <i>Harrodsburg</i> ^{County} <i>Harrodsburg</i>		MARYLAND	
Date of death <i>1909 Aug.</i>	Month <i>Aug.</i>	Day <i>14th</i>	Age <i>2</i> Years <i>14</i> Months <i>14</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Harrodsburg, Md.</i>	
Occupation <i>Baby</i>	Where Residing if not at place of death <i>at place of death.</i>		
Married, Single or Widowed <i>Baby</i>	Name of Wife or Husband <i>Baby</i>		
Father's Name <i>Thomas J. Crowe</i>	Father's Birthplace <i>Harrodsburg, Md.</i>		
Mother's Maiden Name <i>Mary Elizabeth Ballah</i>	Mother's Birthplace <i>West. Va.</i>		
Name of person giving information <i>Ray Crowe</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

105

How long

How long

PHYSICIAN
OR CORONER

Johnson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

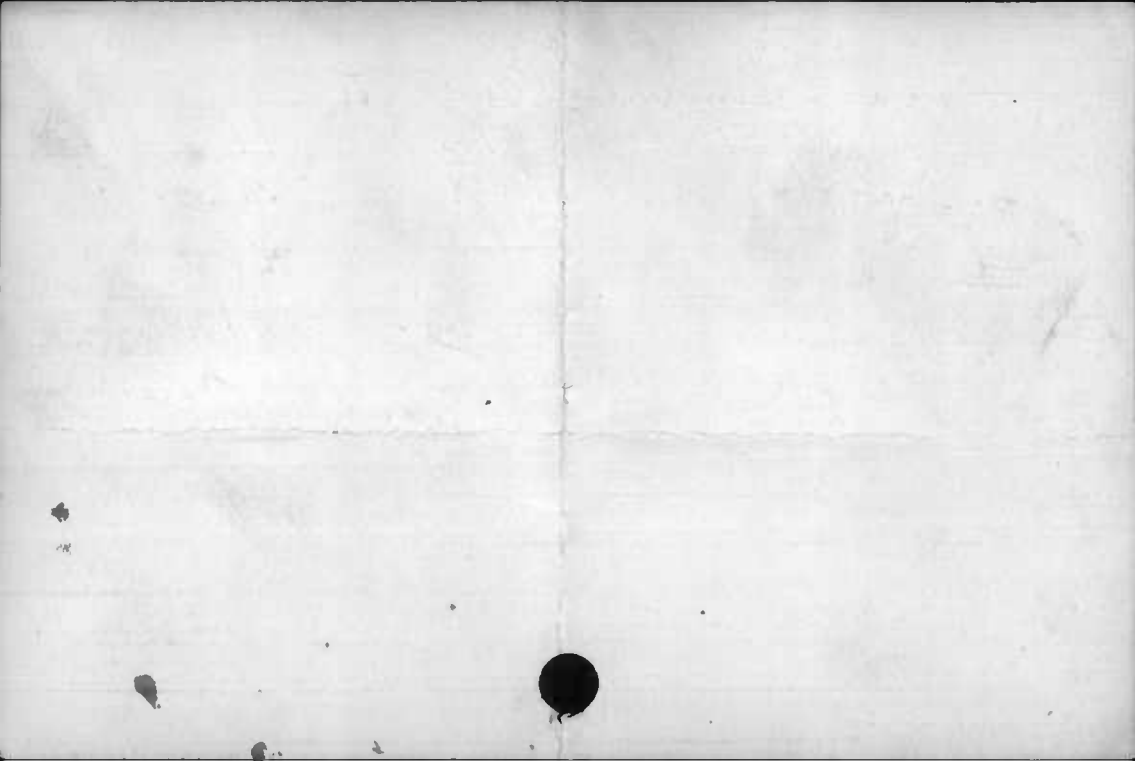
Name in Full <i>Charlotte Hounney</i>		Town <i>Bear Summit</i>		County <i>Barrett</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>August</i>	Day <i>23</i>	Age <i>12</i>	Months <i>11</i>	Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va.</i>			
Occupation				Where Residing if not at place of death			
Married , Single or Widowed		Name of Wife or Husband					
Father's Name <i>David S. Hounney</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>L. A. Koller</i>		Mother's Birthplace <i>W. Va.</i>					
Name of person giving information <i>David S. Hounney</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Chlorosis</i>	How long <i>3 mo.</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Cole</i>
	Address <i>Aurora - W. Va.</i>
Accident or Suicide?	



Name
in Full

William Harrison Ervin Jr.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Oakland

Garrett,

Date

of death

1909 August 12th

Age

Years

57

Months

2

Days

25

Sex

Male

Color or Race

White

Birth-place

Pennsylvania

Occupation

Engineer

Where Residing if not at place of death

Windsor Pa.

Married, Single or Widowed

Married

Name of Wife or Husband

Jennette Nutting

Father's Name

Wm. H. Ervin

Father's Birthplace

Pennsylvania

Mother's Maiden Name

Don't know

Mother's Birthplace

Pennsylvania

Name of person giving Information

Jennette Nutting

How related to deceased

Wife

CAUSES OF DEATH

Primary

Asphyxiation

How long

1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

-

Signature of Physician

H. W. McComas

Address

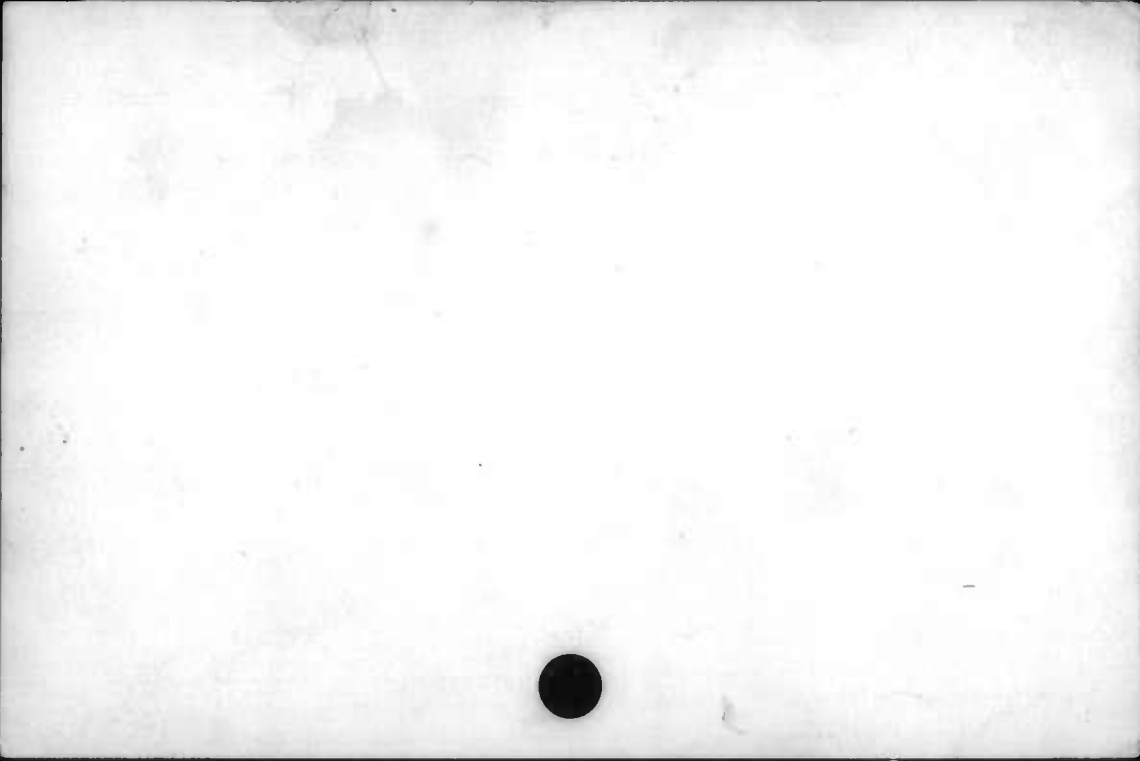
Oakland

Accident or Suicide

- Dr. M. C. Hinshelwood Case.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Infant still Born Hilman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Birth Town Freundsville		County Garrett		MARYLAND	
Date of death	1909	Month aug	Day 10	Age Years	Months 11
Sex	male		Color or Race	White	
Occupation			Birth- place	Maryland	
Married, Single or Widowed			Where Residing if not at place of death		
Single			Name of Wife or Husband		
Father's Name			Father's Birthplace		
George Hilman			Md		
Mother's Maiden Name			Mother's Birthplace		
Edith Geary			Md		
Name of person giving In formation			How related to deceased		
George Hilman			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dead Born	How long	X
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
			A. J. Mason, M.D. Freundsville Md.
Accident or Suicide?			

Mary Connelly

Name in Full		Phebe A Hinbaugh				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sand Spring		County		MARYLAND		
	Date of death	1909	Month	Aug	Day	3	Age	62
							Months	2
							Days	10
	Sex	Female		Color or Race	White		Birth-place	Maryland
	Occupation	Housewife		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband	Ami Hinbaugh			
PHYSICIAN OR CORONER	Father's Name	Abraham Welch				Father's Birthplace	MD	
	Mother's Maiden Name	Mary Elisabeth Sambaugh				Mother's Birthplace	Pa	
	Name of person giving information	Ami Hinbaugh				How related to deceased	Husband	
	CAUSES OF DEATH						66	
	Primary	Paralysis				How long	one year	
Immediate	Fell dead (heart failure)				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Thos H Friend				
		Address		Local Board of Health				
Accident or Suicide?		No Physician in attendance						

Sand Spring Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cap Lee* Town *Garret* County **MARYLAND**

Date of death 190 *9* *aug* Month *2* Day Age *3* Years Months *4* Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation ☒ Where Residing if not at place of death ☒

Married, Single or Widowed *Single* Name of Wife or Husband ☒

Father's Name *John Lee* Father's Birthplace *Md.*

Mother's Maiden Name *Maggie Ward* Mother's Birthplace *Md.*

Name of person giving Information *John Lee* How related to deceased *Father*

CAUSES OF DEATH

Primary *Enteric fever* How long *about 3 weeks*

Immediate

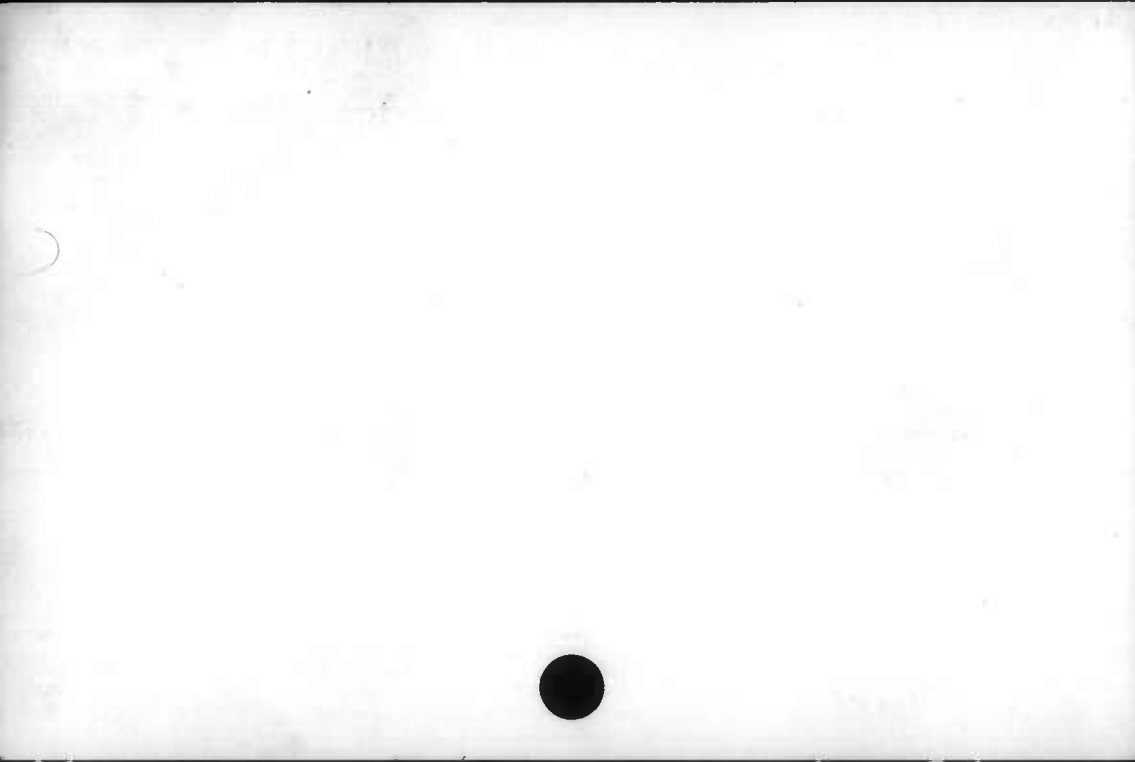
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mrs Maggie Ward Lee

CERTIFICATE OF DEATH

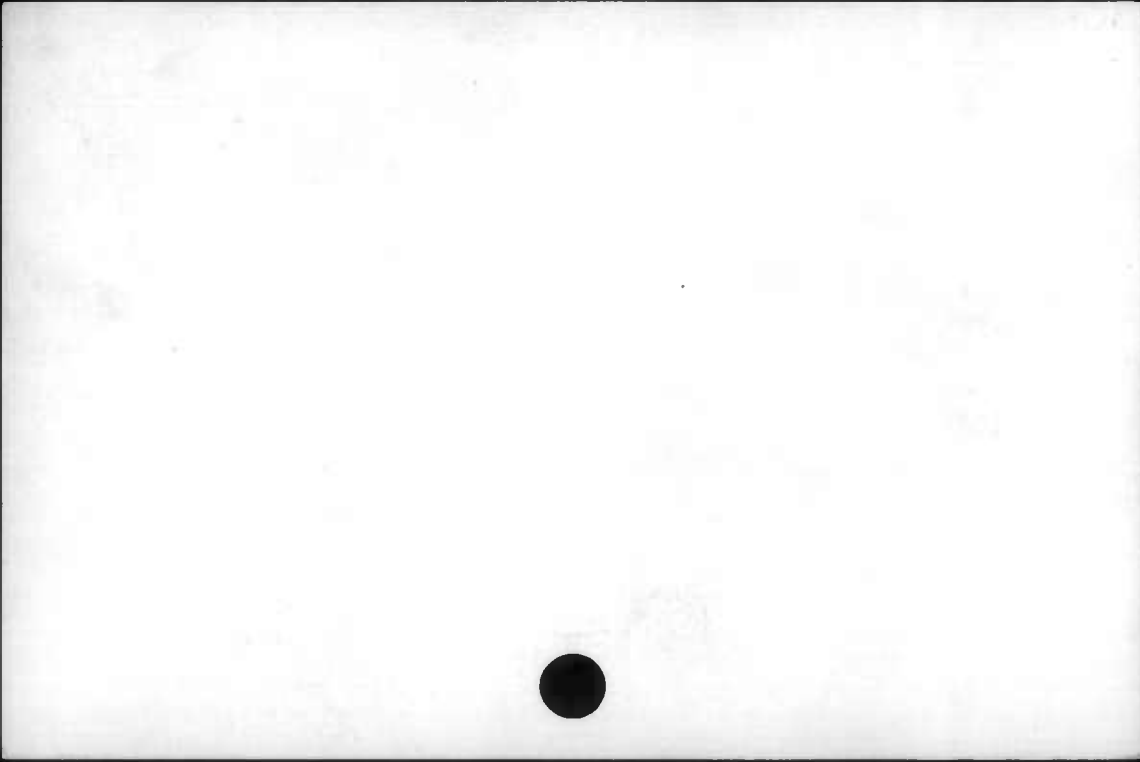
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cakeand Town Garret County MARYLAND
 Date of death 190 9 aug Month 1 Day 36 Age 36 Years Months Days
 Sex Female Color or Race white Birth-place mdo
 Occupation Sec. Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband John Lee
 Father's Name Es. Ward Father's Birthplace mdo
 Mother's Maiden Name Missouri Hartman Mother's Birthplace md
 Name of person giving Information John Lee How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteric fever How long 16 days
 Immediata Perforation intestine How long 24 hours
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician J. E. Leggs
 Address Cakeand
 Accident or Suicide mdo



Name
in
Full

CERTIFICATE OF DEATH

John. H. McCullough

Town

County

MARYLAND

Died at

Friendsville

Garrett

Date

of death

1909 Aug

Month

Day

30

Age

Years

8

Months

4

Days

9

Sex

male

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John H. McCullough

Father's
Birthplace

Pa

Mother's
Maiden Name

Mary E. Lydie

Mother's
Birthplace

Pa

Name of person giving
Information

John. H. McCullough

How related
to deceased

Father

CAUSES OF DEATH

56

Primary

Acute Alcoholism

How long

30 hours

Immediate

Spasms

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

A. J. Mason
Friendsville
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Friendship Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Hugh Pugh
Town _____ County _____

Died at *Close to Blaine Summit* MARYLAND

Date of death 190 *9* Month *Aug* Day *4* Age *71* Years _____ Months _____ Days _____

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Farmer* Where Residing if not at place of death *Near Blaine*

Married, Single or Widowed *Married* Name of Wife or Husband *Clara Pugh*

Father's Name *Do not know* Father's Birthplace _____

Mother's Maiden Name *Do not know* Mother's Birthplace _____

Name of person giving Information *Geo. Herms* How related to deceased *Nephew*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

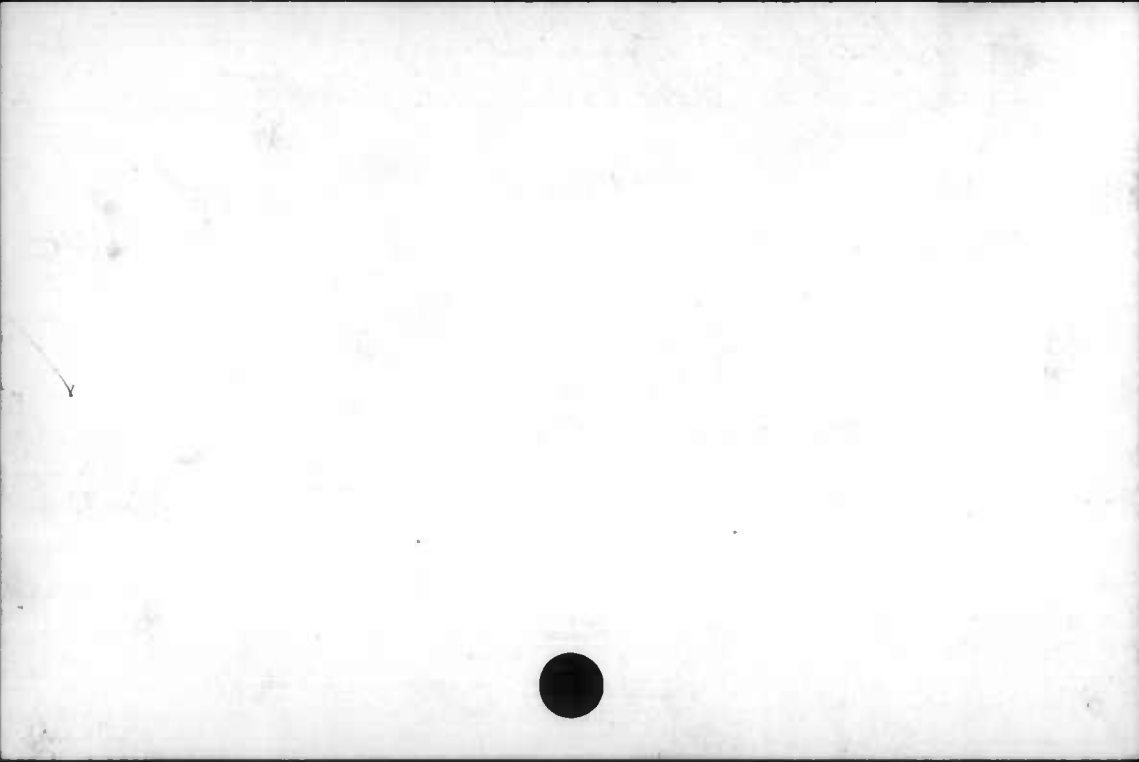
Primary *Permit given on the above. Cause* How long _____

Immediate *about fifteen miles from Oakland* How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *H. W. W. Jones N.C.*
Address _____

Accident or Suicide ☐



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mrs. Ella Proudfoot

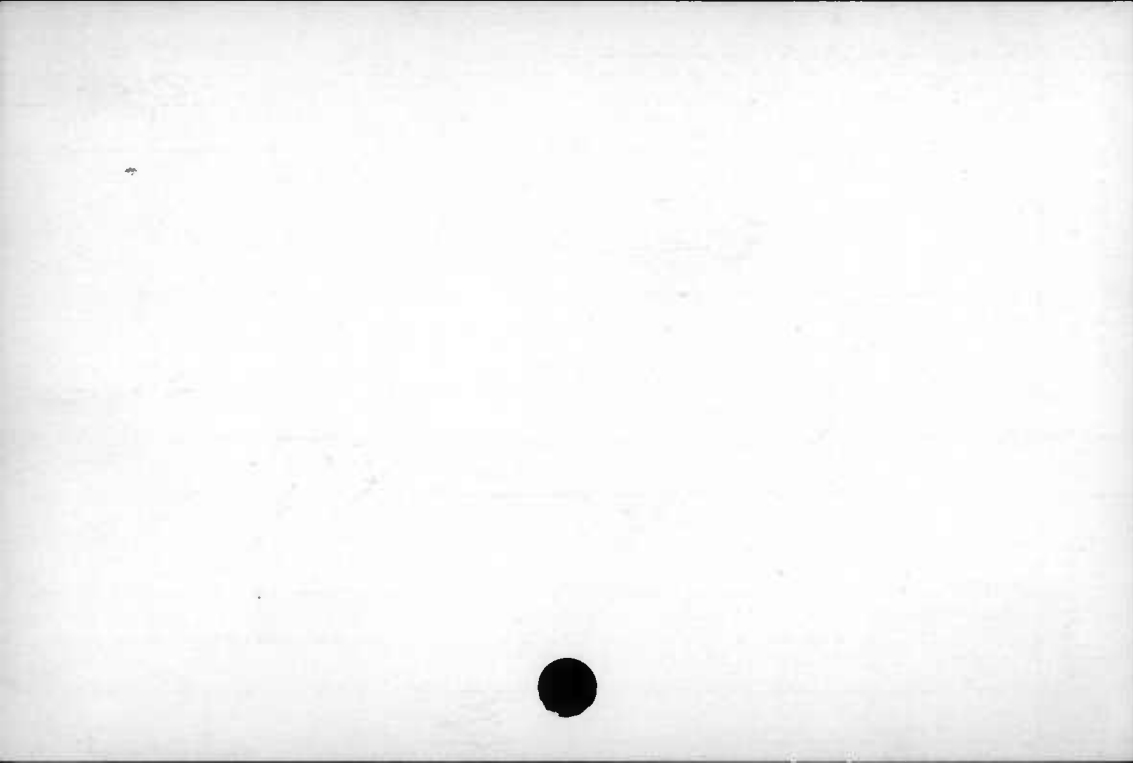
CERTIFICATE OF DEATH

Died at ^{Town} <i>Mt. Lake Park</i>		^{County} <i>Yorrest</i>		MARYLAND	
Date of death	1909	Month	<i>Aug</i>	Day	<i>2</i>
Age	<i>61</i>	Years	<i>2</i>	Months	<i>27</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>✓</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Lepton W Va</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>James W Proudfoot</i>		
Father's Name	<i>✓</i>			Father's Birthplace	<i>✓</i>
Mother's Maiden Name	<i>✓</i>			Mother's Birthplace	<i>✓</i>
Name of person giving information	<i>Wm Malett</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

27

Primary	<i>Pneumonia Intercostal</i>	How long	<i>14 hours</i>
Immediate	<i>Pneumonia Haemorrhagic</i>	How long	<i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. C. Hinebaugh</i>
		Address	<i>Oxonand Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
FullLorinda Randolph Richards
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 Aug

Month

Day

2

Age

Years

Months

9

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Havana, Cuba

Occupation

None

Where Residing if not
at place of death

Washington D. C.

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Robert Lewis Richards

Father's
Birthplace

near Lexington Ohio

Mother's
Maiden Name

Mabel Buel Hutton

Mother's
Birthplace

St. Louis Mo

Name of person giving
Information

R. L. Richards

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastro Enteric Infection

How long

14 days

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. W. McCreary

Oakland Mo

Accident or Suicide

✓

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

105



Name
in
Full

Ethel Russel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Bantm</i>		County <i>Garnett</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	19
Age	1	Months	11	Days	25
Sex	female	Color or Race	white	Birth-place	Garnett Co Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	L	Name of Wife or Husband	L		
Father's Name	Arch Russel			Father's Birthplace	Alleg. Co Ind
Mother's Maiden Name	Fanny Broadwater			Mother's Birthplace	Garnett Co Ind
Name of person giving Information	James Russel			How related to deceased	Uncle

CAUSES OF DEATH

14

Primary	<i>Dysentery</i>	How long	<i>ten days</i>
Immediate		How long	

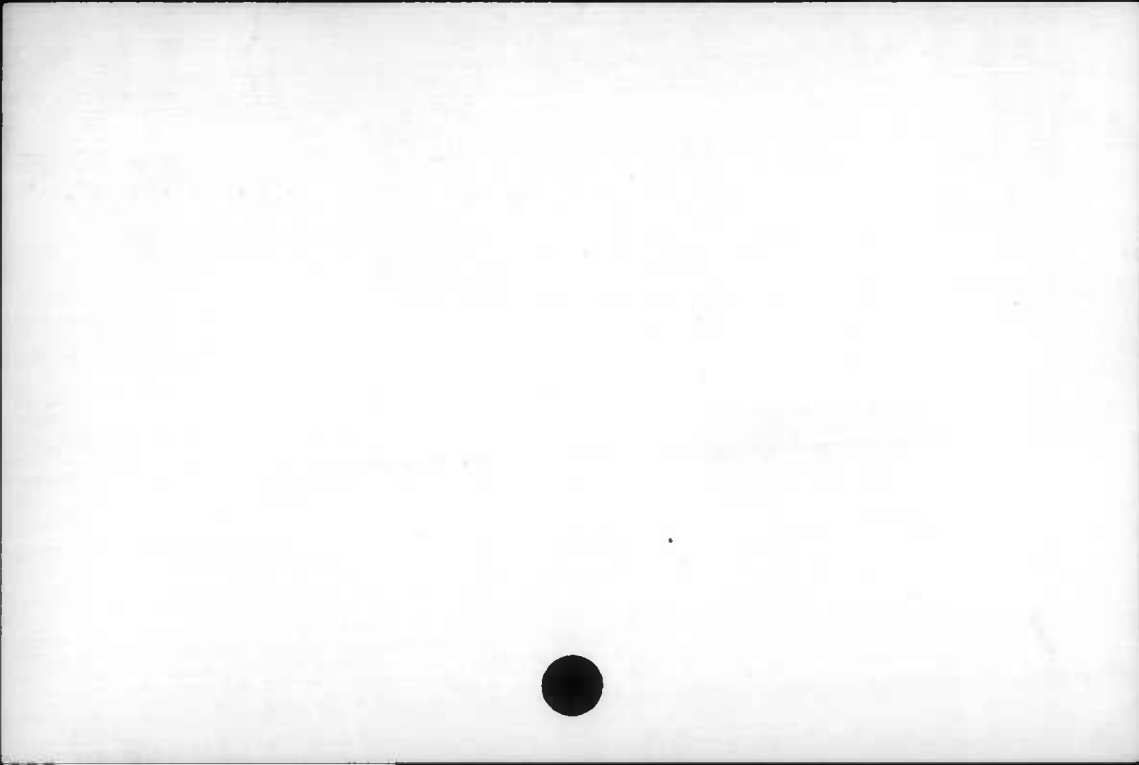
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

A. A. Burcher

Accident or Suicide



Name
in
Full

Carrie Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Kendal

Town

County

Garrett

MARYLAND

Date

of death 1909 aug

Month

Day

16

Years

Age 23

Months

Don't know

Days

..

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Bruce Savage

Father's
Name

John Castle

Father's
Birthplace

Md

Mother's
Maiden Name

Louisa Dewitt

Mother's
Birthplace

Md

Name of person giving
Information

Bruce Savage

How related
to deceased

Burban

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 wks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. J. Mason M.D.
Friendsville
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Sang. Run Cemetery

Name
in
Full

Premo Selders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

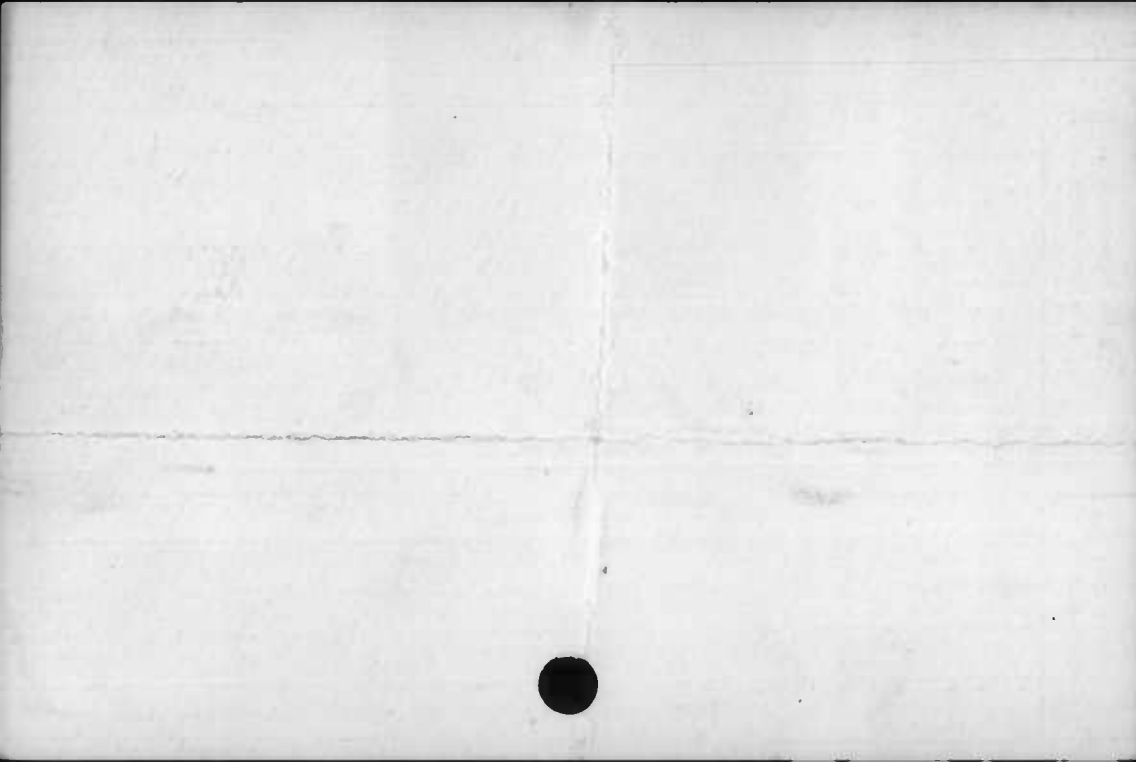
Died at <u>Sunnyside</u> Town		<u>Garrett</u> County		MARYLAND	
Date of death	<u>1909</u>	Month <u>Aug</u>	Day <u>6</u>	Age <u> </u> Years	Months <u> </u> Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Near Oakland Md</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married , Single <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u> </u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u>Elizabeth Selders</u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>Louis Selders</u>			How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long <u> </u>
Immediate	<u>Heart Failure</u>	How long <u>Sudden</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Arnold A. Scherr</u>
		Address <u>Eglow W. Va.</u>
Accident or Suicide?	<u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

Name *Mrs Marie Shaffer*
 Town *new Britain* County *Isarrett*

MARYLAND

Died ☒

Date

of death *1909 Aug*

Month

Day

29

Age

Years

70

Months

2

Days

Sex

*Female*Color or
Race*white*Birth-
place*West Va*

Occupation

*Her*Where Residing if not
at place of death☒Married, Single
or Widowed*Widow*Name of Wife or
Husband*Benjamin Shaffer*Father's
Name*David Welch*Father's
Birthplace*Robertson*Mother's
Maiden Name*Lydia Bishop*Mother's
Birthplace*Robertson*Name of person giving
In formation*John Shaffer*How related
to deceased*Son*

CAUSES OF DEATH

HO

Primary

Carcinoma Liver

How long

About 1 year

Immediate

Exhaustion

How long

*some days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. E. [Signature]
101 [Address]

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

